

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **8949**

**FILED APR 2 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 24

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <b>Butler</b>	b. CITY OR TOWN <b>Poplar Bluff</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Stoddard</b>
c. LENGTH OF STAY (in this place) <b>1 week</b>		c. CITY OR TOWN <b>Bloomfield</b> <b>1030</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Brandon Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Route 1</b>	
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>
a. (First) <b>MARY</b>	b. (Middle) <b>JANE</b>	c. (Last) <b>CANADY</b>	(Month) (Day) (Year) <b>Jan. 21 1953</b>
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>March 8, 1867</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>9. AGE</b> (In years last birthday) <b>85</b> If under 1 year: Months _____ Days _____ If under 12 hrs.: Hours _____ Min. _____
<b>11. BIRTHPLACE</b> (State or foreign country) <b>Tenn.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>Unknown</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>ADDRESS</b> <b>Mrs. Cora Jones</b> <b>Dexter, Missouri</b>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral haemorrhage</b>	
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Hypertension.</b>	
		<b>DUE TO (c)</b>	
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>331X</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from Jan. 18, 1953, to Jan. 21, 1953, that I last saw the deceased alive on Jan. 21, 1953, and that death occurred at 9:30 pm., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>W. L. Brandon, M.D.</b> (Degree or title)		<b>23b. ADDRESS</b> <b>1124 N. Main, Poplar Bluff, Mo.</b>	<b>23c. DATE SIGNED</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>1-23-53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Walker Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Bloomfield Mo.</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>3-27-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Wm. H. Johnson</b> <b>428-1</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>ADDRESS</b> <b>Watkins Funeral Service</b> <b>Dexter, Mo.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0124  
C

RECEIVED

MAR 31 1953

BUTLER CO. HEALTH CENTER

FILE No. 353-172

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.